



Number OF Transactions: 2
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 328905
 Date/Time: 2021/07/02 03:26
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/07/01	77 Arch. Makariou Av., Latsia	09:03	4033560	365868	SuperAdmin	mikel	4.00	0.02	3.98
		15:18	4038412	257649	SuperAdmin	mikel	2.80	0.01	2.79
		Total/Branch					6.80	0.03	6.77
	Total/Date						6.80	0.03	6.77
Total							6.80	0.03	6.77